

Instructions

Commercial Driver Training School Application

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank.
2. All owners, partners, and principal stockholders of the school must complete page four (4) of this application and attach the following:
 - a. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
 - b. Complete the Consent for Background Investigation form.
 - c. Fingerprint Cards (NOT REQUIRED FOR RENEWAL):
 - One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - An affidavit from a qualified state, county, or city officer stating that the fingerprints are those of the applicant.
 - A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation (G.B.I.) to cover the fingerprint processing fee.

The Following Must Accompany The Application:

1. A continuous surety bond in the principal sum of two thousand, five hundred dollars (\$2,500.00) for the protection of the contractual rights of the students. The surety bond as specified must be written by a company authorized to do business in the State of Georgia. The bond must show the School's name and address exactly as it is listed on the application. See the attached surety bond.
2. A copy of all curricula used by the school, including an outline of each day's instruction, all tests, and all handouts. Include information on the length of the course and the hours behind the wheel that each student will receive. See attached sample form of daily instructional breakdown.
3. Submit a certified copy from the Clerk of the appropriate Superior court evidencing the registration of a business or trade name if the business is to be conducted under such a trade name in lieu of the name of the corporation, person, partnership, or other entity, which owns such school. (NOT REQUIRED FOR RENEWAL).
4. Samples of any contracts used by the school. The contracts must have the name of the school printed thereon.
5. Copies of all forms used by the school. This would include evaluation forms, attendance forms, student logs, school catalogs, and any handouts given to students.
6. A fee of \$25.00, made payable to the Georgia Department of Driver Services. All fees should be in the form of certificated funds. Company checks will not be accepted.
7. A copy of a fire inspection report demonstration compliance with local fire safety regulations.
8. A list of all instructors that will be teaching at the school. Each instructor is required to be licensed by the Department of Driver Services before giving any instruction.
9. A current certificate of insurance listing all vehicles, or fleet policy. All vehicles to be used for practical driver training must be covered with insurance as follows: At least (a) \$100,000 for bodily injury to, or death of, any one person in any one accident and subject to said limit for one person, (b) \$200,000 for bodily injury or death of two or more persons in any one accident, (c) \$20,000 for destruction of property of others in any one accident.
10. Copies of the Annual Vehicle Inspection Reports for all road vehicles.
11. If any vehicles are leased, attach a copy of the lease agreement.
12. Copies of Certificate of Incorporation and Articles of Incorporation, if a corporation is involved.
13. U.S. DOT Number. All commercial vehicles with a GVWR over 10,000 lbs. must have a U.S. DOT number. The DOT number can be obtained by calling (678) 675-6171.

Georgia Department of Driver Services
2206 East View Parkway • P.O. Box 80447 • Conyers, GA 30013

Application For A License To Conduct A Commercial Driver Training School

Check the Type of Application: ☐ **First-Time Applicant** ☐ **Renewal**

Legal Name of School: _____

D/B/A or Trade Name: _____
The name listed on this application must be used consistently on all forms, advertisements, vehicles, etc.

Names of all Owners, Partners, or Controlling Stockholders: _____

Classroom Address: _____

Mailing Address: _____

School Telephone #: (____) _____ School Fax # (____) _____

Contact Person(s): _____

Web Site or E-Mail Address: _____

U.S. DOT Number that has been issued to the School: _____

Does this facility meet all requirements set forth by the Americans with Disabilities Act of 1990? ☐ Yes ☐ No

If renewal application, has there been any change in ownership at this school? ☐ Yes ☐ No.

If yes, please give particulars: _____

Description of Course(s) offered to students:

Course 1: _____

_____ days consisting of _____ classroom hours _____ range hours _____ road hours

Course 2: _____

_____ days consisting of _____ classroom hours _____ range hours _____ road hours

Course 3: _____

_____ days consisting of _____ classroom hours _____ range hours _____ road hours

Vehicles owned by or leased to the school use for driving instruction. If additional space is needed, attach a separate sheet of paper. Attach a copy of Annual Vehicle Inspection Report for all road vehicles.

<u>Vehicle's Make</u>	<u>Model Year</u>	<u>Registration Number</u>

Full name and address of all instructors. If additional space is needed, attach a separate sheet of paper.

<u>Full Name of Instructors</u>	<u>Full Address of Instructors</u>

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Sworn to before me this _____ day

of _____, _____

(Notary Public)

(Seal Required)

Applicant's Signature and Date

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATE OF APPROVAL

ALL OWNERS, PARTNERS, AND PRINCIPAL STOCKHOLDERS OF THE SCHOOL

MUST COMPLETE THIS PAGE AND ATTACH THE FOLLOWING:

1. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
2. Complete the Consent for Background Investigation form.
3. Fingerprint Cards (IF NEW APPLICANT; NOT REQUIRED FOR RENEWAL)
 - One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - An affidavit from a qualified state, county, or city officer that the fingerprints are those of the applicant.
 - A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.

1. Full Name: _____
2. Position/Title: _____
3. Legal Residence Address: _____
4. Date of Birth: _____ Place of Birth: _____
5. Home Telephone: _____ Work Telephone: _____
6. E-Mail Address: _____
7. Driver's License Number: _____ Issuing State: _____
8. Do you have a relative employed by the Georgia Department of Driver Services? ☐ Yes ☐ No.
If so, give name: _____ Relationship: _____
9. Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? ☐ Yes ☐ No. If yes, give particulars: _____
10. Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? ☐ Yes ☐ No. What were the charge(s)? _____

Date: _____ Location: _____
11. Are there any proceedings now pending against you relating to any crime, misdemeanors, or violations? ☐ Yes ☐ No. If so, give particulars: _____
12. I have read and understand the rules and regulations for operating a Commercial Driver Training School? ☐ Yes ☐ No

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Sworn to before me this _____ day
of _____, _____

(Notary Public)

(Seal Required)

Applicant's Signature and Date

Commission Expires

FINGERPRINT CARD

A F F I D A V I T

Have the Official that takes your fingerprints sign and date this affidavit

STATE OF GEORGIA

COUNTY OF _____

I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein:

Signature of Official Taking Fingerprints

Name of Above Official's Agency

Date of Fingerprinting

NOTE: BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING ON THE FINGERPRINT CARDS:

- | | |
|---|---|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Height |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Color of Hair |
| <input type="checkbox"/> Age | <input type="checkbox"/> Color of Eyes |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Race | <input type="checkbox"/> Citizenship |

The fingerprint card without the forgoing information will not be accepted.

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

Department of Driver Services
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted, plead guilty to, plead nolo contendere to, served time, or been on probation or parole, either in this state, any other state, or of the United States? Do you have a charge or court hearing pending or are you under any indictment?

If you are now charged, under indictment, or have court hearings pending for any charges, give details.

I hereby apply for a Certificate (to operate a Driver Training Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Driver Service (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information may result in certificate denial, cancellation, suspension, or revocation, and possible criminal and civil prosecution. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:

COMMERCIAL DRIVER TRAINING SCHOOL SURETY BOND

KNOW ALL MEN BY THESE PRESENTS: That we,

(Full Name of Commercial Driver Training School Including the Full Legal Name and any D/B/A Name)

as Principal, and _____
(Full name of Insurance Company)

a corporation or partnership organized and existing under the laws of the State of _____
and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the
State of Georgia, for the use and benefit of all interested persons, injured by any breach of the conditions of
this obligation, in the sum of TWO THOUSAND FIVE HUNDRED (\$2,500.00) DOLLARS lawful money of the
United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, THE ABOVE-MENTIONED principal has made application to the DEPARTMENT OF DRIVER
SERVICES for a license to operate a COMMERCIAL DRIVER TRAINING SCHOOL under the provisions as set out in
Georgia Law O.C.G.A. § 43-13-1 et seq.: representing by said application and by these presents, that all the statements
set forth in said application to the DEPARTMENT OF DRIVER SERVICES, and that all of the written evidence
or other probative matter filed with the said DEPARTMENT OF DRIVER SERVICES in connection with such
application are true; and obligating itself and its agents to faithful compliance with all provisions of said Georgia
Law O.C.G.A. § 43-13-1 et seq. as now or hereafter amended, and any and all regulations and orders issued or
hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law
O.C.G.A. § 43-13-4, Paragraph (4), for the protection of the contractual rights for students who enter into the
annexed contract with:

(Name of Commercial Driver Training School and Full Location Address)

WHEREAS, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

NOW, THEREFORE, if said Principal shall in all things well and truly perform, fulfill, comply with and observe
all and singular the above named conditions, representatives and obligations, then this obligation shall be null
and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities
recoverable against such bonds shall not exceed the sum of TWO THOUSAND FIVE HUNDRED (\$2,500.00)
DOLLARS regardless of the number of claimants, and shall not be construed as individual liability.

IN WITNESS HEREOF, said Principal has hereunto set its hand and seal and the said Surety has caused
theses presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ day of _____, 20_____

ATTEST:

Signature (Witness)

Signature (Principal)

COUNTERSIGNED:

(Resident Agent Of Georgia)

Name: _____

(Address of Resident Agent)

Signature: _____

(Phone Number)

By: _____
(Attorney-in-Fact)

Sample Class Roster

**Department of Driver Services
Commercial Driver Training School
Class Roster**

Name of School: _____

School License No.: _____

School Address: _____
(Street # and Street Name) (City, State, Zip)

Instructor's Name: _____

Instructor's No.: _____

Student Name	Fees Paid	Date of Completion	Certificate of Completion #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SAMPLE COURSE OUTLINE TO BE SUBMITTED WITH APPLICATION

Day 1: Classroom

SUBJECT	MINUTES	TEXT CHAPTER or SECTION	VIDEO	HANDOUT TITLE
Class Introductions & Class Rules	30			School Rules
Overview of CDL Requirements	30	1		
CDL Basics	30		CDL 101	
Overview of vehicles	20		Vehicle 101	
Safety	20		Safety 101	
Break	10			
Safety on the Job	30	2		
Federal, State & Local Laws Overview	60			FMSCA/DMVS Manuals
Morning Recap	30	1, 2		
Lunch	30			
General Knowledge	60	1		CDL Manual
General Knowledge	20		CDL 201	
General Knowledge quiz	30			G.K. Quiz
Quiz Review	15			
Break	10			
Safe Driving Habits	60	3		
Safe Driving Habits	20		Safe Driving 101	
Afternoon Recap	30	1, 3		
Homework		Read Chapter 4		